

**50 Illinois Administrative Code****Section 3119. Exhibit B****Request for Certification of a CONTINUING EDUCATION COURSE**

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

New Course Fee: \$50.00 to be submitted with this form (no more than 6 courses per check will be accepted).

Provider Registration: \$1,000.00 (if you are not currently registered as a provider in this calendar year).

Fees must be submitted with this application. Checks or money orders should be made payable to the Director of Insurance.

Please Print or Type:

Provider's Name		Federal Employer's I.D. -
Provider's Address (street, city, state, zip code)		Social Security #--Individual - - <div></div>
Published Phone #	Contact Person	Phone # for Contact Person
Course Title		First date course to be offered
Class of Insurance to which Course is Applicable (circle all that apply) Life Health Property Casualty		Public Education (circle one) Yes No

INSTRUCTIONS

In addition to this request, submit the following:

1. If using a publisher's course, submit a copy of the *title page* with the *date of copyright*.
2. If classroom, a timed *outline* and a *statement of course objective*.
3. If self-study, you must have an examination.
4. Exam--indicate author, number of questions, and percentage correct to pass.

Please indicate in the boxes below the amount of time you will spend on each type of instruction method. For credit purposes, one (1) hour in Illinois = 50 minutes of contact instruction.

1 = Classroom **only**; 2 = self-study **only**; 3 = interactive computer **only**; 4 = combination method **only**.

Type of Instruction	1	2	3	4
Classroom or Seminar Hours				
Self-Study Correspondence				
Self-Study On-Line				
Interactive On-Line				
Exam Hours				
Total Number of Hours Requested				
Exam Method: S = Supervised N = Nonsupervised O = No Exam				

This course classroom ethics (circle one):
Yes No

This course includes _____ hours of sales and management topics.

This course is part of a national designation (circle one): Yes No

If yes, which: _____

- Department Use Only -

____ Course approved for ____ CE hours
____ sales/mgmt. hours

We certify the above information is accurate and failure to comply with 50 Ill. Adm. Code 3119 may result in disqualification.

X

Signature

Date

X

Printed Name

Title